

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**Change in Company's premium or rate level produced by rate revision  
effective 8/8/2009

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Farmowners	\$634,199	4.4%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

We are increasing FARMFAC® rates as detailed above.

Information on the RF-3 is "estimated".

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

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JUL 08 2009

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

American Economy Insurance Company

Name of Company

Roy Behling, State Filings Sr. Analyst

Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision  
effective 8/8/2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Farmowners	\$1,985,872	4.3%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

We are increasing FARMAC® rates as detailed above.

Information on the RF-3 is "estimated".

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

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STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

American States Insurance Company

Name of Company

Roy Behling, State Filings Sr. Analyst

Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision  
effective NB: 07/13/2009 Ren: 08/18/2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	\$498,283 (exact)	-1.0% (estimate)
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Farm	\$6,643,367 (exact)	+1.0% (estimate)
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No.

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

Increase dwelling base rates by 5%; Introduce Amount of Insurance relativities from \$51,000-\$100,000

for Blanket and Scheduled Farm Personal Property; Revising Solid Fuel Heating Appliances and surcharges; Discontinuing Antenna & Tower coverage; Introducing  
Custom Insurance Score; revising Incidental Business rule, Recreational Vehicle Liability rules, Farm Plus rule, Replacement Cost rule; Changing Earthquake coverage

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

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JUL 13 2009

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Auto-Owners Insurance Company

Name of Company

Jennifer L. Smith, Assistant Manager

Official - Title

## SUBSTITUTE FORM (RF-3)

### SUMMARY SHEET

Change in rate level produced by rate revisions effective July 13, 2009.

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)<sup>1</sup></u>	(3) <u>Percentage Change<sup>2</sup></u>
15. Other – Mobile Home	\$669,423 (est.)	+6.5% (est.)

This filing applies to mobile home policies in the State of Illinois.

The following is a description of all changes affecting rates with this filing:

1. Change the rating algorithm to be fully multiplicative.
2. Introduce Insurance Score Rating Tiers.
3. Eliminate the maximum discount.
4. Eliminate the minimum amount for Personal Property Replacement Cost.
5. Change the Solid Fuel Heating Surcharge from 17% with a \$45 minimum to a flat \$150 charge.
6. Introduce an Age of construction Surcharge.
7. Introduce Earthquake deductible options of 10% and 15% at discounts of 10% and 20%, respectively and revise Earthquake rates.
8. Modify the rating algorithm to apply only Mature and Paid in Full discounts to Earthquake premium.
9. Modify territory relativities.
10. Create a new territory 29 and modify the relativities.
11. Exclude catastrophic losses from the Paid Loss Surcharge.
12. Increase the base rate for an overall 6.0% increase

<sup>1</sup> Adjusted to reflect all prior rate changes.

<sup>2</sup> Change in premium level which will result from application of new rates.

Auto-Owners Insurance Company

Dan Keefe, Administrator – Personal Property Actuarial

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DEPARTMENT OF INSURANCE  
SPRINGFIELD

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision  
effective New 8/7/2009, Renewal 9/12/2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Commercial Umbrella	\$3,794,304	1.1% (estimate)
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No, applies to all territories.

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): Commercial Umbrella rate and rule revision.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Auto-Owners Insurance Company

Name of Company

Jennifer Smith, Assistant Manager, Work Comp, Life and other Liability Actuarial

Official - Title

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision  
effective New 8/7/2009, Renewal 9/12/2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Executive Umbrella	\$1,967,978	10.3% (estimate)
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No, applies to all territories.

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): Executive Umbrella rate and rule revision.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Auto-Owners Insurance Company

Name of Company

Jennifer Smith, Assistant Manager, Work Comp, Life and other Liability Actuarial

Official – Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

10-1-2009 NB, 12-1-2009 RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Commercial Farm</u>	\$818,460	7.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

All territories.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
for all coverages except outbuildings, which will go up 7%

Increase LCMS by 3%

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Consolidated Insurance Company

Name of Company

Scott Edwards

Official - Title

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STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

SUMMARY SHEETChange in Company's premium or rate level produced by rate Revision effective 10/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <b>Com. Umbrella</b>	<b>\$1,252,268</b>	<b>13.46%</b>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

**Motor Carrier Umbrella Policies**

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

**Adding umbrella factors specific to Motor Carrier.**

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

**Continental Western Insurance Company**

Name of Company

**Janel Myers - Research Analyst**

Official - Title

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9/1/09

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Commercial Package</u>	<u>467,157</u>	<u>3.5%</u>
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Revising current property package modification factors in reference to ISO #: ML-2008-RLA1, subject toCompany exceptions

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Employers Mutual Casualty Company  
Name of Company

Don Coughenower  
Assistant Vice President  
Official - Title

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9/1/09

(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Coverage		
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Commercial Package</u> Line of Insurance	2,552,883	4.0%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Revising current property package modification factors in reference to ISO #: ML-2008-RLA1, subject toCompany exceptions

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.Illinois EMCASCO Insurance Company

Name of Company

Don Coughenower  
Assistant Vice President

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10-1-2009 NB, 12-1-2009 RB

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Commercial Farm</u>	\$601,972	7.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All territories.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Increase LCMs by 3%  
for all coverages except outbuildings, which will go up 7%

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Indiana Insurance Company

Name of Company

Scott Edwards

Official - Title

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STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision  
effective 09/01/2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	See other	
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other CMP-Non-Liability	4,684	-1.2%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): We are filing to adopt ISO reference CF-2009-RPTLC  
and CF-2009-OPTRU.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

North River Insurance Company

Name of Company

Sharon D. Smith, Regulatory Compliance Analyst

Official – Title

## SUBSTITUTE FORM (RF-3)

### SUMMARY SHEET

Change in rate level produced by rate revisions effective July 13, 2009.

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)<sup>1</sup></u>	<u>Percentage Change<sup>2</sup></u>
15. Other – Mobile Home	\$336,395 (est.)	+5.0% (est.)

This filing applies to mobile home policies in the State of Illinois.

The following is a description of all changes affecting rates with this filing:

1. Change the rating algorithm to be fully multiplicative.
2. Introduce Insurance Score Rating Tiers.
3. Eliminate the maximum discount.
4. Eliminate the minimum amount for Personal Property Replacement Cost.
5. Change the Solid Fuel Heating Surcharge from 17% with a \$45 minimum to a flat \$150 charge.
6. Introduce an Age of construction Surcharge.
7. Introduce Earthquake deductible options of 10% and 15% at discounts of 10% and 20%, respectively and revise Earthquake rates.
8. Modify the rating algorithm to apply only Mature and Paid in Full discounts to Earthquake premium.
9. Modify territory relativities.
10. Create a new territory 29 and modify the relativities.
11. Exclude catastrophic losses from the Paid Loss Surcharge.
12. Increase the base rate for an overall 6.0% increase

<sup>1</sup> Adjusted to reflect all prior rate changes.

<sup>2</sup> Change in premium level which will result from application of new rates.

Owners Insurance Company

Dan Keefe, Administrator – Personal Property Actuarial

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STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision  
effective New 8/7/2009, Renewal 9/12/2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Commercial Umbrella	\$1,480,818	-0.9% (estimate)
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No, applies to all territories.

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): Commercial Umbrella rate and rule revision.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Owners Insurance Company

Name of Company

Jennifer Smith, Assistant Manager, Work Comp, Life and Other Liability Actuarial

Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision  
effective NB: 07/13/2009 Ren: 08/18/2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Farm	\$366,725 (exact)	-3.5% (estimate)
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No.

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

Introduce Custom Insurance Score; Introduce Amount of Insurance  
relativities from \$51,000-\$100,000 for Blanket and Scheduled Farm Personal Property; revising Incidental Business rule,  
Recreational Vehicle Liability rules, Farm Plus rule, Replacement Cost rule; Changing Earthquake coverage

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

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JUL 13 2009

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Owners Insurance Company

Name of Company

Jennifer L. Smith, Assistant Manager

Official - Title

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision  
effective New 8/7/2009, Renewal 9/12/2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Executive Umbrella	\$499,849	10.8% (estimate)
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No, applies to all territories.

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): Executive Umbrella rate and rule revision.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Owners Insurance Company

Name of Company

Jennifer Smith, Assistant Manager, Work Comp, Life and Other Liability Actuarial

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

10-1-2009 NB, 12-1-2009 RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Commercial Farm	\$269,091	7.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

All territories.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Increase LCMs by 3%

for all coverages except outbuildings, which will go up 7%

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Peerless Insurance Company

Name of Company

Scott Edwards

Official - Title

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JUL 14 2009

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision  
effective 08/01/2009.

(1) Coverage		(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger	1,041,486	-0.5%
	Commercial		
2.	Automobile Physical Damag Private Passenger	916,318	-0.5%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	1,230,481	-0.5%
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other & Umbrella	138,779	0.0%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

We are introducing a rate stabilization factor to reduce large premium changes for policyholders.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

SECURA Supreme Insurance Company

Name of Company

Daniel Ferris, Vice President, General Counsel

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8/1/09 New and 10/1/09 Renewal

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>RDP</u>	57,175,761	19.8%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Basic Premiums are revised; Form 1 is eliminated; Medical Payments Limits, introducing \$10,000 option and changing \$4,000 option to renewals only.

rental dwelling program

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

State Farm Fire and Casualty Company

Name of Company

Karen Terry, Assistant Vice President & Actuary

Official - Title

# RECEIVED

JUL 02 2009

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9-1-2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Architects &amp; Engineers</u>	992,194	7.0%
Line of Insurance		

**RECEIVED**

JUN 19 2009

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
 Zurich is filing for a rate change to our Architects & Engineers program to be effective September 1, 2009 for new policies and October 1, 2009 for renewal policies. The overall impact of this filing was calculated by re-rating policies effective from 7/1/2007 through 6/30/2008 with the proposed changes.     

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Zurich American Insurance Company  
Name of Company

Klemise Good / Assistant Secretary  
Official - Title